

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765372

**Entity Name:** ALLEGANY FRANCISCAN MINISTRIES, INC.**Current Principal Place of Business:**33920 US HWY 19 N  
# 269  
PALM HARBOR, FL 34684**Current Mailing Address:**33920 US HWY 19 N  
# 269  
PALM HARBOR, FL 34684 US**FEI Number:** 58-1492325**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COOGAN, EILEEN  
33920 US HWY 19 N  
# 269  
PALM HARBOR, FL 34684 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** EILEEN COOGAN

03/18/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO  
Name            COOGAN, EILEEN S  
Address        33920 US HWY 19 N  
City-State-Zip: PALM HARBOR FL 34684

Title            DIRECTOR  
Name            GORSKI, PETER  
Address        33920 US HWY 19 N  
                  # 269  
City-State-Zip: PALM HARBOR FL 34684

Title            DIRECTOR  
Name            CORREA, RUSSELL  
Address        33920 US HWY 19 N  
                  #269  
City-State-Zip: PALM HARBOR FL 34684

Title            DIRECTOR  
Name            HALL, ARLEASE  
Address        33920 US HWY 19 N  
                  # 269  
City-State-Zip: PALM HARBOR FL 34684

Title            DIRECTOR  
Name            DAWSON, JOAN  
Address        33920 US HWY 19 N  
                  # 269  
City-State-Zip: PALM HARBOR FL 34684

Title            CHAIRMAN  
Name            IVERY, EMERY  
Address        33920 US HWY 19 N  
                  #269  
City-State-Zip: PALM HARBOR FL 34684

Title            DIRECTOR  
Name            DILLON, MARY ANN  
Address        33920 US HWY 19 N  
                  #269  
City-State-Zip: PALM HARBOR FL 34684

Title            DIRECTOR  
Name            WILLIAMS, JEANNE  
Address        33920 US HWY 19 N  
                  # 269  
City-State-Zip: PALM HARBOR FL 34684

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EILEEN COOGAN

PRESIDENT &amp; CEO

03/18/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BANKS, TREVOR  
Address 33920 US HWY 19 N SUITE 269  
City-State-Zip: PALM HARBOR FL 34684

Title SECRETARY  
Name PLOTNER, LAURA  
Address 33920 US HWY 19 N SUITE 269  
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR  
Name MATTHEWS, CINDY  
Address 33920 US HWY 19 N  
# 269  
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR  
Name CRUZ, MARY ANN  
Address 33920 US HWY 19 N  
SUITE 269  
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR  
Name CHIARELLO, NANCY  
Address 33920 US HWY 19 N SUITE 269  
City-State-Zip: PALM HARBOR FL 34684

Title VICE CHAIR, VC  
Name WRIGHT, MABEL KATRINA  
Address 33920 US HWY 19 N, STE 269  
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR  
Name COAKLEY, DEBBIE  
Address 33920 US HWY 19 N  
# 269  
City-State-Zip: PALM HARBOR FL 34684